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CONFIRMATION NO. 1755

Bib Data Sheet

SERIAL NUMBER 10/725,089	FILING OR 371(c) DATE 12/01/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 3896-031546 (P-6061)
APPLICANTS Jamieson Crawford, New York, NY;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/02/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 24
				INDEPENDENT CLAIMS 3
ADDRESS 26253				
TITLE SELECTIVELY PASSIVE SHIELDABLE MEDICAL NEEDLE DEVICE				
FILING FEE RECEIVED 1142	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	